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ABSTRACT

The manual outlines the role of home or hospital educational service providers working with special education students. Procedures for short term home or hospital instruction are summarized for aspects of referral, notification, program planning, commencement and termination of instruction, student evaluation, and program evaluation. Roles and responsibilities are delineated for the school administrator, the parents, physician, student, home or hospital instructor, and hospital. The bulk of the manual is comprised of six appendixes, including a sample application for services, consent form, and letter to parents. (CL)

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Home or Hospital Services

State Board of Education
Department of Specialized Educational Services

Donald G. Gill
State Superintendent of Education

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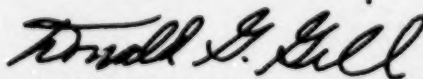
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FOREWORD

This publication was designed to provide a frame of reference and to indicate the philosophy and appropriate implementation of Home or Hospital Services as advocated by the Department of Specialized Educational Services. Appreciation is extended to Dr. Cindy Terry for the development of the document and to Dr. Jeri Kelsay for editing it. It is one of a series of technical publications prepared by the Program Development Section, Gloria Calovini, Manager. The document was written to serve as a resource and address those questions most frequently asked by administrators and special education personnel.

House Bill 500 (P.A. 82-1361), which has been in effect since July, 1981, clarifies the responsibility of local school districts to provide home or hospital instruction to physically handicapped students, as well as other handicapped children who need the services. Implementation of this act will parallel identically the services which have previously been offered to children with a physical or health impairment. This publication will clarify the new dimensions of the service.



Donald G. Gill

State Superintendent of Education

TABLE OF CONTENTS

	<u>Page</u>
Introduction.	1
Procedures for Short-Term Home or Hospital Instruction.	3
Role of the Administration	5
Role of the Parents and Physician	6
Role of the Student	7
Role of Home or Hospital Instructor	7
Role of the Hospital	8
Appendices	11
Appendix A: Application for Home or Hospital Services	13
Appendix B: Home or Hospital Plan	15
Appendix C: Consent Form for Home or Hospital Instruction.	16
Appendix D: Letter to Parents	17
Appendix E: Home or Hospital Instruction Report Card	19
Appendix F: Evaluation of Home or Hospital Instruction	20

INTRODUCTION

The purpose of this document is to provide educators with an understanding and clarification of the educational services to be provided to students in need of home or hospital services. The primary focus of the manual is to outline the role of home or hospital service providers. It is not intended to discuss the fiscal processes of these services, nor to serve as a legal basis for service in uniquely different individual cases. The document should assist Illinois educators to provide consistent, effective, and efficient home or hospital services to children in need of this type of instruction. Educators are reminded that home or hospital services are to be provided on a temporary basis and may not be used to avoid the district's responsibilities to establish in-school programs, nor to eliminate students from the school program.

Home or hospital services consist of appropriate special education services which are provided by the public school to a student, enrolled in that district, in his or her home or in a hospital. These services are provided to any student who, in the opinion of a licensed medical physician, will be absent from school and confined to a hospital or home for more than two consecutive weeks or on a reoccurring basis, causing the student to miss substantial portions of his or her educational program. (Appendix A)

Instruction to a child who is ill at home or in a hospital has been a long-standing tradition in education. It consisted, in earlier years, of a variety of informal delivery systems. Now, while a sibling may still volunteer to take "homework" to a student for a few days, a systematic method of delivering these educational services assures that the education of any student, if confined at home or in a hospital on physician's orders, is not unduly impeded. Instruction delivered by qualified instructors to that student can offer such assurance.

There is a basic assumption that if a student has been hospitalized, especially if the hospitalization is of a psychiatric nature, the student has an acute problem to which education is subordinate. Therefore, the student will need education services, at the appropriate time, primarily so that he or she will be able to maintain the same academic functioning level that was evidenced in the school setting. A minimum amount of instructional services in the hospital should be five hours per week.

Similarly, if a child is ill enough to remain home for a period of more than two weeks or on a frequently reoccurring basis, the purpose of remaining at home (or in the hospital) is to regain health. Education is again subordinate to that major purpose.

Differentiation may be made between the following kinds of situations: a) the regular education student who becomes ill or injured and who will probably return to the regular education program (This student will need a systematic educational plan to keep him or her at grade level. Such a plan could be developed through a conference telephone call with the parents and appropriate school personnel. See Appendix B); b) The special education student who becomes ill or injured and needs home or hospital services (This student's existing individualized education plan (IEP) may need to only be modified and continued through the home or hospital instruction.); and c) the formerly nonhandicapped student who, because of an injury or traumatic illness, needs home or hospital services and who may need special education services when he or she returns to school. (This student will need a comprehensive case study evaluation before or upon returning to school, but will receive home or hospital services, as in "a" above.)

Summary of
Procedures for Short-Term Home or Hospital Instruction

In order to provide for quick home or hospital services, the following procedures are suggested:

1. Referral

A telephone call comes to the local school either from the teacher, the parents, the hospital, or various other personnel such as the nurse, psychologist or physician. Alternately, a referral could be processed through identifying a student who has been absent from school for more than three days.

2. Notification of Home or Hospital Instructor, Parents, and School

If the parents agree to accept the educational services, they must provide a licensed medical physician's statement of need and sign a parent consent form. (See Appendix C)

3. Program Planning

The school administrator and/or the home or hospital teacher gathers the needed information on the student's lesson plans or assignments from the student's regular and special education teacher(s), if any. The time schedule for instruction is set with the parents and/or hospital. An instruction sheet for the parents is given to them. Signatures are secured. (See Appendix D) If the student already has an IEP, modifications, as necessary, may be incorporated for relevancy to the home or hospital instruction. For students who have not been served in special education, the educational plan will simply consist of documenting the program necessary to maintain the student's current academic levels.

4. Instruction Commences

Home or hospital instruction should begin as soon as possible, but no later than a few days after the referral for services. The home or hospital instructor should be responsible for the student's case management, but should consult with the student's teacher(s): a) if problems arise, and b) to report the student's progress.

5. Home or Hospital Instruction Terminates

The student's anticipated recuperation time (stated on the physician's part of the application) determines the duration of home or hospital instruction. If an extension is needed, another note from the physician should be added to the application. The home or hospital instructor informs the school at the end of home or hospital instruction. (If the student moves from the hospital, the school office and home or

hospital instructor should be notified). The termination of home or hospital instruction should be checked and dated.

8. Student Evaluation

The home or hospital instructor should complete the student record form and forward it to the school for distribution. One copy remains at the school, one goes to the parents, and one is for the home or hospital instructor. (See Appendix E)

9. Program Evaluation

The school administrator or special education director should send an evaluation form to the parents for completion and return. The home or hospital instructor may review this at a later date. The Special Education Director or school administrator should discuss accumulated evaluations with the home or hospital instructor at least twice a year. (See Appendix F)

FURTHER DETAILS

For students served within Illinois, the home or hospital instructor must be appropriately certificated or approved by the Illinois State Board of Education. The district may employ the instructor directly or may contract with the hospital, another school district, or other appropriate entities. For those few students who require hospital instruction outside the State of Illinois, the district may similarly contract for services. In such cases, Illinois districts must assure that the instructor is properly certificated in the state in which he or she is teaching, if not Illinois certificated.

The amount of home or hospital services will be determined in relation to each student's educational needs, as well as by the student's health. Instructional time should not be less than five (5) hours per week in order to qualify for full reimbursement. If the attending physician for the student has certified that the student should not receive as many as five (5) hours of instruction in a school week, reimbursement for instruction of that student will be computed proportionate to the actual hours of instruction per week for that student divided by five (5). A student whose home or hospital instruction is being provided through a home-school telephone or other similar device will be provided with not less than two (2) hours per week of direct instructional services.

When a student, for health related reasons, has been unable to attend school and therefore requires additional time and work to complete the preceding year's educational program, he or she may be provided with home or hospital instructional services during the summer. Such procedures should be delineated in the school board's policies.

Periodic contacts should be established between appropriate school personnel, home or hospital personnel and parents to coordinate the courses of study and to facilitate the student's return to school. These contacts are vital to the smooth flowing services that the child will be able to receive. The communication system can be established through personal visits, telephone calls or the mail.

Students who are not immunized because of medical contraindications and are therefore excluded from public school at the time of an outbreak are eligible for home and hospital services. The district will maintain on file a statement made by a physician that the student has not been immunized due to medical contraindication. The student's home instruction should be developed in the most expeditious manner, including but not necessarily limited to, a personal or telephone conference between the parents and an appropriate representative of the public school.

In the delivery of home or hospital educational services, it is important that each person involved with the services understands his or her role. All participants--the student, teachers, administrators, physician and the parents need to have their roles delineated so that the services will be provided with consistency and clarity. The various roles are outlined below.

The Role and Responsibility of the School Administrator

The school administrator is responsible for developing a program for home or hospital instruction, designing district policies and procedures, securing home instructors, and reporting attendance of home students annually to the Illinois State Board of Education.

Policies and procedures may vary according to size of district, geographic location (rural or urban), and philosophy. The administrator has to develop procedures which are within the confines of Illinois laws and regulations and which are also effective and efficient.

Close cooperation should exist between the student's present teacher(s) and the home or hospital instructor in lessons, assignments and grading. Grades and the student's evaluation given by the home or hospital instructor should be forwarded to the student's teacher(s). If the home or hospital instructor is responsible for the grading at the end of the quarter or semester, it is his or her responsibility to assure that the student's grades are recorded on the permanent record and/or grade cards. If the home or hospital instructor has the student for less than eight weeks, his or her grade should be given consideration by the regular teacher; for long-term home students, the home or hospital instructor may be solely responsible for the grades. (See Appendix E)

Concerns, questions, and problems involved with home or hospital instruction should be addressed through district policy. Some of the issues include the following:

1. How can the home or hospital instructor work with the other professional team members?
2. How does the home or hospital instructor work with the student's regular educational program?
3. How can the home or hospital instructor keep from interfering with medical advice?
4. How can the home or hospital instructor convey the idea to parents that home instruction is not private tutoring paid for by the district?

5. Should the instructor take the student on field trips?
6. Are there circumstances when the instructor should teach the student if nobody else is home?
7. How can the home or hospital instructor adhere to confidentiality of student records?
8. How can the home or hospital instructor work with the student when it is time for him or her to reenter school?
9. When should the instructor report suspected cases of child abuse or neglect?

It is important that the school administrator or the Director of Special Education be aware of the quality of home or hospital instruction. It is an incentive for the home or hospital instructor to teach effectively and efficiently if he or she knows that the office is evaluating the work. The evaluation may not always be clear-cut, but it can be better than no evaluation at all, especially since there would be more than one evaluation upon which to make a judgment of the efficacy of the home or hospital instructor's competence. (See Appendix F)

The Role of the Parents and the Physician

Parents and the physician play a vital role in home or hospital instruction.

A physician's recommendation is a major criterion for eligibility. He or she should decide if the student cannot go to school and also if the student is well enough for home or hospital instruction. The physician also decides when the student is well enough to return to school.

The student's fulfillment of school obligations is partly the responsibility of the parents. They should be informed about their rights for the services, but that they are not required to accept them. If the parents want home or hospital instruction for their child, they must arrange for the doctor's statement of eligibility. The parents should be willing to take part in planning the home or hospital instruction.

In the home, the parents should:

- * have a responsible adult available during the stay of the home instructor;
- * prepare good study conditions for instruction, such as comfortable seating, a writing tray on the bed (if the student has to lie down), good lighting and a quiet environment; television and radio should be turned off; pets and small children should be removed from the room in which home instruction is taking place;
- * have the student ready for home instruction;
- * notify the home instructor if any changes in scheduling occur, such as doctor's visits etc.;

- * motivate and assist the student to do homework within his or her ability and health conditions; and
- * secure a physician's extension note, if necessary. (Appendix F)

The Role of the Student

The student, as the recipient of the home or hospital services, should also assume certain responsibilities. Those responsibilities include:

- * prepare himself or herself attitudinally for the instruction period,
- * be attentive during the instruction,
- * complete homework assignments between instruction periods, and
- * communicate clearly with instructor and parents when his or her physical health is interfering with effective instruction.

The Role of the Home or Hospital Instructor

Instructors are the key to the home or hospital program, and their role is a sensitive one. Since it is necessary to provide service within a variety of settings, flexibility is an important quality for the instructor. Additionally, he or she should be aware of the needs and problems of those with whom contact is made, while preserving and maintaining professionalism. The instructor is not a private tutor, but a representative of the school district's administration.

The home or hospital instructor should have a background in the appropriate subject matter in order to be able to carry the curriculum from the school to the home or hospital. He or she should seek information about the illness/condition and the resultant problems or implications of his or her students. The responsibilities of the home instructor are to:

- * be part of the educational planning;
- * implement the educational instruction as soon as possible;
- * be periodically in contact with the administration and school, and, if necessary, with the physician;
- * do his or her best to duplicate the student's educational program;
- * grade the student and report the grades to the local school;
- * keep accurate records of student's attendance;
- * promote the best possible education according to the student's needs;
- * be aware of the student's health;

- * establish rapport with students, parents, school personnel, and administration;
- * keep his or her own education up-to-date;
- * follow district policies and procedures;
- * foster the student's desire to go back to school as soon as possible;
- * keep appointments on time; and
- * be flexible!!

The Role of the Hospital

If the physician recommends instruction while the student is still in the hospital, conditions may be much more complex than those in the home. The health of the student and the hospital routines have priority, and the instructor has to arrange the schedule according to the convenience of the hospital staff, to a large degree. However, the hospital should make every effort to provide an uninterrupted time period and a suitable environment during the hospital instruction. A contact person should be provided by the hospital. That designee should inform all staff on the student's hospital floor as to the day, time and location of the student's instruction.

Hospital instruction sometimes creates concerns, questions and problems similar to those of home instruction. These issues should also be addressed through board policy.

1. When should the hospital instructor work with other hospital staff?
2. What is the relationship of the hospital instructor and the other school administrators and teachers?
3. Are there extenuating circumstances when the hospital instructor attempts to rearrange the established hospital routine?
4. What is the appropriate environment for hospital instruction?
5. When and how should the hospital instructor work with the student's parents?
6. With which hospital staff members should the hospital instructor discuss the student's problems?

When the student is discharged from the hospital, home instruction is to be implemented until the student is able to return to school.

SUMMARY

This document has attempted to provide educators with an understanding of educational services to students in need of home or hospital services. To reiterate, home or hospital services are to be provided on a temporary basis and may not be used to avoid the district's responsibilities to establish in-school programs nor to eliminate students from the school program. The appendices included in the document are intended to assist the district in providing efficient and effective home or hospital services.

APPENDICES

Appendix A
APPLICATION FOR HOME/HOSPITAL SERVICES

A. To be completed by Parents or Guardian:

My child is unable to go to school and I request

home hospital instruction (circle one) for:

Name _____ Birth Date _____ Grade _____

Address _____ Tel. _____

Name of School _____ Date last attended _____

Student's disability _____

Date _____

Signature of Parent or Guardian

B. To be completed by Physician:

Medical Diagnosis _____

Check one: Home Hospital Instruction recommended yes _____ no _____

Tentative duration of absence from school _____

Date _____

Signature of Physician

C. To be completed by School Official:

Student's Program:

Subject	Teacher	Period
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current special education placement? yes _____ no _____

Related services provided? yes _____ no _____ (If yes, specify type)

Current IEP on file? yes _____ no _____

Date _____

Signature of School Official

D. To be completed by Home Instructor

Name _____ Phone _____

Date Instruction started _____ ended _____

Date of Team meeting _____

Signature of Home Instructor

E. Date filed _____

Signature of Director of Special
Education

Appendix B
SAMPLE HOME/HOSPITAL PLAN

Student _____ B.D. _____ Date of Eval. _____

School _____ Joint Agreement _____

Grade _____ Current Teacher _____

Physician's Diagnostic Evaluation:

Physician's Estimation of Time Needed for Home or Hospital Services:

Current Educational Status:

Academic Needs:

Appendix C

SAMPLE CONSENT FORM FOR HOME/HOSPITAL PLACEMENT

Re _____

Birthdate _____

I hereby authorize _____ to be
(Student's Name)

placed in a home _____ hospital _____ program at the earliest opportunity.
I have received an understandable explanation of the educational plan for my
child. I understand I will be notified of any major changes in the
instructional program and that I shall have the right to a review of the
proposed program.

Signed _____

Relationship
to student _____

Address _____

Date _____

Appendix D
SAMPLE LETTER TO PARENTS ABOUT HOME INSTRUCTION

Date _____

Dear Parents:

Your child has been referred for home instruction. This instruction is provided for you by the district during the time your son/daughter has been declared eligible for the services. In case of a communicable disease, your doctor must sign a statement that the disease is no longer contagious. In order that the program can be successful and the student receive maximum benefit, we make the following suggestions:

1. Have a responsible adult in the house during the stay of the home instructor. However, this person should not stay in the same room during the lessons.
2. Prepare good study conditions for instruction, such as comfortable seating, a writing tray on the bed (if the student has to lie down), good lighting, and a quiet environment. Television, radio, and telephone calls should be controlled. Pets or small children should be removed from the room in which home instruction is taking place.
3. Coffee or meals are not necessary.
4. Have the student ready for home instruction.
5. Notify the instructor if any changes in scheduling occur, such as doctor's visits, etc.
6. Motivate and assist the student to do homework within his/her ability and health conditions.
7. Secure a physician's note, if extended services are necessary.

8. Upon termination of home instruction services, which will depend on your physician's recommendation, you will receive a copy of your child's grades and evaluation earned during home instruction.
9. In order to assess the quality of our services, you will be sent an evaluation form, which you are asked to complete and return to this office.

Thank you for your cooperation.

Name of instructor _____

Telephone _____

Sincerely,

Director of Special Education/
School Administrator

Appendix E

SAMPLE HOME OR HOSPITAL INSTRUCTION REPORT CARD

Date _____

Student _____ School _____

Grade _____ Date Home or Hospital Instruction
started _____

Date Home or Hospital Instruction
ended _____

Number of visits made _____

Subject

Objectives Completed

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

Signature of Home or Hospital Instructor

Appendix F
SAMPLE PARENT EVALUATION OF HOME OR HOSPITAL INSTRUCTION

Date _____

Dear _____

In order to assist us in evaluating our Home or Hospital Instruction Program, we would appreciate your answering the following questions about _____'s (student's name) home instructor, _____ (home instructor's name).

1. Were the instruction appointments kept as scheduled? Please comment.
2. Did the instruction include homework?
3. Was the instruction appropriate for your child's school placement and program?
4. Did your child indicate interest in his or her school work?
5. When your child returned to school, did he or she find that the home instruction had kept him or her abreast of the other classmates and school work?
6. Other comments and/or suggestions:

A self-addressed, stamped envelope is enclosed for your convenience. Thank you for your help.

Sincerely,

Director of Special Education/
School Administrator

Reference

Schmidt, Mathilde. "Individual Home and Hospital Instruction under the California Master Plan", Fall, 1979.

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